



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
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August 14, 2014

Ms. Tara Graham, Administrator
Arbors
687 Harbor Road
Shelburne, VT 05482-7698

Dear Ms. Graham:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 23, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:jl



Division of Licensing and Protection

Licensing and
Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2014
NAME OF PROVIDER OR SUPPLIER ARBORS		STREET ADDRESS, CITY, STATE, ZIP CODE 687 HARBOR ROAD SHELBURNE, VT 05482	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
R100	Initial Comments: The Division of Licensing and Protection conducted a re-licensing survey and investigation of four facility self reports on 7/22/14 - 7/23/14. The following regulatory deficiencies were cited as a result.	R100	
R134 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to complete assessments within 14 days of admission for 2 of 14 sampled residents (Residents # 1, 2). Findings include: 1. Per record review on 7/23/14 at 9:15 A.M., the Resident Assessment for Resident # 1 was not completed within 14 days of admission. Resident # 1 was admitted on 2/17/14 and the assessment was not completed until 3/6/14. This was confirmed by the Resident Care Director (RCD) on 7/23/14 at 9:55 A.M.. 2. Per record review on 7/22/14 at 2:30 P.M., the Resident Assessment for Resident # 2 was not completed within 14 days of admission. Resident # 2 was admitted on 1/10/14 and the assessment	R134	All assessments will be completed by the Assessment Nurse in a timely manner. The Resident Care Coordinator and the Director of Nursing will assist in completing the assessments if necessary. The Assessment Nurse will track all assessments on an Excel spreadsheet which will indicate the 14 day requirement post move-in. The excel spreadsheet will be monitored bi-monthly by the Director of Nursing. R134 POC accepted by RTremblay RN / PMU 8/13/14

08/01/14

Charles Hanan, EXECUTIVE DIRECTOR
8/7/14 (X6) DATE

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Division of Licensing and Protection

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R134	Continued From page 1 was not completed until 2/11/14. This was confirmed by the RCD on 7/22/14 at 2:50 P.M..	R134			
R249 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to assure that food storage techniques are consistent with safe food handling practices. Findings include: Per observation during a kitchen tour, the walk in freezer thermometer read 10 degrees Fahrenheit (F). Per review of facility equipment temp logs, the freezer temperatures were recorded 3 times daily and were between 8 - 10 degrees F the entire month of June 2014 and July 2014 through 7/21. This was confirmed by both the Food Service Director and the Resident Care Director on 7/22/14.	R249	Executive Director Modified temperature logs to reflect acceptable ranges and listed immediate steps to take if out of range. Dining Services Director will review temperature logs bi-monthly: once at monthly safety committee meeting and once when Dietitian visits. <i>R249 POC accepted by R Tremblay RN/PMC 8/13/14</i>		08/01/14